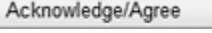




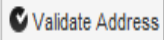



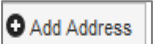












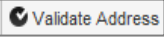
New Provider Enrollment Instructions

ACTION	PE INSTRUCTIONS- LOG INTO SSO AND CHAMPS	NOTES
LOG INTO SSO & CHAMPS	<ol style="list-style-type: none"> 1. Sign into the State of Michigan Single Sign On by going to www.http://sso.state.mi.us and enter your User ID and password. 2. Click on the CHAMPS hyperlink. 3. Read MDCH Systems Use Notification on the next page and click Acknowledge/Agree . 4. Click on the New Enrollment hyperlink 	<ul style="list-style-type: none"> You will have to acknowledge/agree every time you log on.
ACTION	PE REGISTRATION- STEP 1: BASIC INFORMATION	NOTES
STEP 1: BASIC INFORMATION	<ol style="list-style-type: none"> 1. Choose New Enrollment from the menu. 2. Choose HIPAA-Exempt Individual/Sole Proprietor 3. Choose Home Help. 4. Click Submit  button. 5. Enter the required information, indicated by the asterisk (*). 6. Click Finish . 7. Click OK . 8. Notice the <i>Status</i> for Step 1: Provider Basic Information is designated <i>Complete</i>. 	<ul style="list-style-type: none"> Write down the Application ID number in a safe place so you have it for future reference.
ACTION	PE REGISTRATION- STEP 2: ADD LOCATIONS	NOTES
STEP 2: ADD LOCATIONS	<ol style="list-style-type: none"> 1. Click on the Step 2: Add Locations hyperlink (in blue). 2. Click Add . 3. Enter the required information, indicated by an asterisk (*). 	<ul style="list-style-type: none"> Location Type will always be <i>Primary Practice Location</i>. Entering the Zip Code will automatically update State, City/Town, and County









4. Click **Validate Address**  (you *cannot* go any further without clicking this).
5. Click **OK** .
6. Click on the **Primary Practice Location** hyperlink (in blue).
7. Click **Add Address** .
8. In the **Type of Address** drop down menu, select **Correspondence**.
 - a. *****All correspondences from the Home Help program will be sent to the address entered here; therefore, enter the address where you regularly receive mail.***
 - b. If that address is the same as the one entered previously, simply select **Copy This Location Address** next to **Location Address**. This will copy the address information you entered previously.
9. Click **OK** .
10. Click **Add Address**  one more time to designate a **Pay To** address.
11. In the **Type of Address** drop down menu, select **Pay To**.
12. Select **Copy This Location Address** next to **Location Address**.
13. Click **OK** .
14. Click **Save** .
15. Click **Close**  on the next two screens to go back to the *Enroll Provider* page. The **Close** button is on the top left corner.


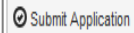
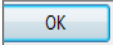




ACTION	PE REGISTRATION- STEP 3: ADD SPECIALTIES	NOTES
STEP 3: ADD SPECIALTIES	<ol style="list-style-type: none"> 1. Click on Step 3: Add Specialties hyperlink (in blue). 2. Click Add . 3. For both Provider Type and Specialty, choose Home Help Individual. 4. Click OK . 5. Click Close . 	
ACTION	PE REGISTRATION- STEP 4: ADD MODE OF CLAIM SUBMISSION	NOTES
	<ol style="list-style-type: none"> 1. Click Step 4: Add Mode of Claim Submission hyperlink (in blue). 2. The box next to Online Direct Data Entry (DDE) should already be checked. 3. Select OK . 	
ACTION	PE REGISTRATION- STEP 5: ASSOCIATE BILLING AGENCY	NOTES
STEP 5: ASSOCIATE BILLING AGENCY	<ol style="list-style-type: none"> 1. SKIP THIS STEP. Nothing needs to be done here. 	
ACTION	PE REGISTRATION- STEP 6: ADD PROVIDER CONTROLLING INTEREST/OWNERSHIP DETAILS	NOTES
STEP 6: ADD PROVIDER CONTROLLING INTEREST/OWNERSHIP DETAILS	<ol style="list-style-type: none"> 1. Click Step 6: Add Provider Controlling Interest/Ownership Details hyperlink (in blue). 2. Click on the Add . 3. Choose Managing Employee in the Owner Type drop down menu. 4. Enter the required information, indicated by the asterisk (*). 5. Click Validate Address  button (you <i>cannot</i> go 	<ul style="list-style-type: none"> • Type the number zero (0) in the Percentage Owned box. • Entering the Zip Code will automatically update State, City/Town, and County



	<p>any further without this).</p> <p>6. Click OK .</p> <p>7. Click on the Managing Employee SSN hyperlink (in blue).</p> <p>8. Click Add .</p> <p>9. Select your name under the Owner Name drop down menu.</p> <p>10. Select None under the Relationship drop down menu.</p> <p>11. Click OK .</p> <p>12. Your name will be added to the Owner Name column.</p> <p>13. At the bottom of the page, click on the "Final Adverse Legal Actions/Convictions Disclosure" hyperlink (in blue).</p> <p>14. Read the Final Adverse Legal Actions/Convictions statement.</p> <p>15. Answer the question at the bottom by choosing yes or no and comment if necessary.</p> <p>16. Click OK .</p> <p>17. Click on the Individual Owner Type SSN hyperlink.</p> <p>a. Repeat 4-15 for Individual.</p>	
ACTION	PE REGISTRATION- STEP 7: COMPLETE ENROLLMENT CHECKLIST	
STEP 7: COMPLETE ENROLLMENT CHECKLIST	<p>1. Click on the Step 7: Complete Enrollment Checklist hyperlink (in blue).</p> <p>2. Answer the Provider Checklist questions by choosing Yes or No in the drop down menus of the Answer column.</p> <p>3. Click Save .</p> <p>4. Click Close .</p>	
ACTION	PE REGISTRATION- STEP 8: SUBMIT ENROLLMENT APPLICATION FOR APPROVAL	
STEP 8: SUBMIT ENROLLMENT APPLICATION FOR	<p>1. Click on the Step 8: Submit Enrollment Application for Approval hyperlink (in blue).</p>	



APPROVAL	<ol style="list-style-type: none"> By clicking the Next  button, you “agree that the information submitted as a part of the application is correct (Private and Confidential)”. Read the Terms and Conditions (Enrollment Process) statement. Check the box <input checked="" type="checkbox"/> at the bottom indicating you have read and agree to the terms. Click Submit Application . Click OK  in the textbox that will pop up. You will be sent back to the Enroll Provider page. Be sure all steps (except #5) are complete. Click Close . This will return you to the CHAMPS home page. 	
ACTION	PE REGISTRATION- TRACK APPLICATION	
TRACK APPLICATION	<ol style="list-style-type: none"> If you would like to check the status of your application, you can do so from the CHAMPS homepage: In the Provider tab, click Track Application. Enter your Application ID number. Click Submit . A text box will pop up with a statement about the status of your application. 	
ACTION	CONTACT INFORMATION	
CONTACT INFORMATION	<p>If you have any questions or need assistance with this process, contact Provider Support for help:</p> <ul style="list-style-type: none"> Home Help Provider Support Hotline: 800-979-4662 Home Help Provider Support Email: 	



	<p>ProviderSupport@Michigan.gov</p> <ul style="list-style-type: none">○ Home Help Provider FAQ document: Go to Michigan.gov/homehelp and click on the Home Help Frequently Asked Questions (FAQs) link under the Additional Home Help Resources heading	
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